



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1105

SERIAL NUMBER 10/020,838	FILING OR 371(c) DATE 12/10/2001 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. P214009
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

David W. Brown, Bingen, WA;
Jay S. Clark, Bingen, WA;

** CONTINUING DATA *****

This application is a CON of 09/699,132 10/27/2000 PAT 6,480,896 which claims benefit of 60/161,901 10/27/1999
This application 10/020,838
claims benefit of 60/162,989 11/01/1999
and claims benefit of 60/162,802 11/01/1999
and claims benefit of 60/162,801 11/01/1999
and claims benefit of 60/182,864 02/16/2000
and claims benefit of 60/185,192 02/25/2000
and is a CIP of 09/565,627 05/04/2000 PAT 6,571,141
which claims benefit of 60/132,693 05/04/1999
and is a CIP of 09/205,627 12/03/1998 PAT 6,209,037
which claims benefit of 60/067,466 12/04/1997
and is a CIP of 09/191,981 11/13/1998 ABN
which is a CON of 08/656,421 05/30/1996 PAT 5,867,385
which is a CIP of 08/454,736 05/30/1995 PAT 5,691,897

AC 6/16/06

** FOREIGN APPLICATIONS *****

None

AC 6/16/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

** SMALL ENTITY **

02/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>AC 6/16/06</u> Examiner's Signature Initials				

ADDRESS

Michael R. Schacht
Suite 202
2801 Meridian St.
Bellingham, WA98225-2412

TITLE

SYSTEM AND METHODS FOR GENERATING AND COMMUNICATING MOTION DATA THROUGH A DISTRIBUTED NETWORK

**FILING FEE
RECEIVED**
435

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

	<input type="checkbox"/> 1.18 Fees (Issue)
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Credit